

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Glenn Grothman for Congress

ADDRESS (number and street)

PO Box 1215



Check if different than previously reported. (ACC)

Fond du Lac

WI

54964-1215

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00561597

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

WI

06

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y  
11 / 29 / 2022

through

M M / D D / Y Y Y Y  
12 / 31 / 2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Ruhland, Lane, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Ruhland, Lane, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
01 / 30 / 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office  
Use  
Only**FEC FORM 3**  
(Revised 05/2016)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 13

Write or Type Committee Name

Glenn Grothman for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	2	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	2	2

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	1200.00	1248132.19
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	65.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	1200.00	1248067.19
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	13973.44	1017313.19
(b) Total Offsets to Operating Expenditures (from Line 14) .....	791.06	18488.11
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	13182.38	998825.08
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	537726.79	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	139110.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 13

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Glenn Grothman for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	2	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	2	2

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

0.00

783991.52

**(ii) Unitemized.....**

200.00

162282.99

**(iii) TOTAL of contributions from individuals ▶**

200.00

946274.51

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

1000.00

301857.68

**(d) The Candidate.....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

1200.00

1248132.19

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

791.06

18488.11

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

1991.06

1266620.30

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 13

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	13973.44	1017313.19
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	65.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	65.00
21. OTHER DISBURSEMENTS .....	0.00	43000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	13973.44	1060378.19

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	549709.17
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1991.06
25. SUBTOTAL (add Line 23 and Line 24).....	551700.23
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	13973.44
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	537726.79

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 13

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Glenn Grothman for Congress

Full Name (Last, First, Middle Initial)

## **A. SQUIRE PATTON BOGGS POLITICAL ACTION COMMITTEE (SQ)**

Mailing Address 2550 M ST NW

City

WASHINGTON

State

DC

Zip Code

20037-1301

FEC ID number of contributing  
federal political committee.

C C00401083

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 21 2022

Transaction ID : SA11C.29915

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. Mailing Address**

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Mailing Address**

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1000.00

1000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 13

☐ 11a ☐ 11b ☐ 11c ☒ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Glenn Grothman for Congress

Full Name (Last, First, Middle Initial)

**A.** BUFFALO PHIL'S GRILLE

Mailing Address 150 GASSER ROAD

City

LAKE DELTON

State

WI

Zip Code

53940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2022

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

791.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2022

Transaction ID : SA14.4593

Amount of Each Receipt this Period

791.06

☐ Memo Item

REFUND FOR OVERPAYMENT

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

791.06

791.06

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 13

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Glenn Grothman for Congress

Full Name (Last, First, Middle Initial)

**A. FLOAM, JACOB, , ,**

Mailing Address C/O PO BOX 1215

City  
FOND DU LACState  
WIZip Code  
54936Purpose of Disbursement  
PAYROLL EXPENSES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

PRIMARY

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
11	29	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

3888.02

Transaction ID : SB17.I4590

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RBH ENTERPRISES INC.**

Mailing Address 254 WINNEBAGO DRIVE

City  
FOND DU LACState  
WIZip Code  
54935Purpose of Disbursement  
OFFICE RENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

PRIMARY

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
11	30	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.I4589

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ACCOUNTANTS WORLD**

Mailing Address 140 FELL COURT

City  
HAUPPAUGEState  
NYZip Code  
11788Purpose of Disbursement  
PAYROLL PROCESSING FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

PRIMARY

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
12	02	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

78.50

Transaction ID : SB17.I4585

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4216.52

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 13

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Glenn Grothman for Congress

Full Name (Last, First, Middle Initial)

**A. ACCOUNTANTS WORLD**

Mailing Address 140 FELL COURT

City  
HAUPPAUGEState  
NYZip Code  
11788Purpose of Disbursement  
PAYROLL TAX

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼ PRIMARY	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		02		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1494.48

Transaction ID : SB17.I4587

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**Mailing Address 1593 SPRING HILL ROAD  
SUITE 400City  
TYSONS CORNERState  
VAZip Code  
22182Purpose of Disbursement  
DATABASE SOFTWARE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼ PRIMARY	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		02		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

798.00

Transaction ID : SB17.I4586

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FLOAM, JACOB, , ,**

Mailing Address C/O PO BOX 1215

City  
FOND DU LACState  
WIZip Code  
54936Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼ PRIMARY	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		21		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

421.50

Transaction ID : SB17.I4563

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2713.98

**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 13

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Glenn Grothman for Congress

Full Name (Last, First, Middle Initial)

**A. ASPECT CONSULTING LLC**Mailing Address 8383 GREENWAY BOULEVARD  
SUITE 600City  
MIDDLETONState  
WIZip Code  
53562Purpose of Disbursement  
COMPLIANCE CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

PRIMARY

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	1		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

1850.00

Transaction ID : SB17.I4565

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FUNDRAISING INC.**Mailing Address 800 WEST 47TH STREET  
SUITE 200City  
KANSAS CITYState  
MOZip Code  
64112Purpose of Disbursement  
FUNDRAISING CONSULTING

003

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

PRIMARY

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	1		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

1150.00

Transaction ID : SB17.I4564

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FLOAM, JACOB, , ,**

Mailing Address C/O PO BOX 1215

City  
FOND DU LACState  
WIZip Code  
54936Purpose of Disbursement  
PAYROLL EXPENSES

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

PRIMARY

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

3930.31

Transaction ID : SB17.I4562

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6930.31

**TOTAL** This Period (last page this line number only).....▶

13860.81

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 10 OF 13

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7056

Glenn Grothman for Congress

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

Grothman, Glenn, S., ,

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
PO Box 1215

City

State

ZIP Code

Fond du Lac

WI

54936

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

65310.00

0.00

65310.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 07 M /

D 18 D /

Y 2014 Y

M 12 M /

D 31 D /

Y 2016 Y

0.00

% (apr)

☐ Yes☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

65310.00

**TOTALS** This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 11 OF 13

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : KML1KJKJ

Glenn Grothman for Congress

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

Grothman, Glenn, S., ,

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
PO Box 1215

City

State

ZIP Code

Fond du Lac

WI

54964

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30000.00

0.00

30000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 08 M /

D 04 D /

Y 2014 Y

M 12 M /

D 01 D /

Y 2016 Y

0.00

% (apr)

☐ Yes☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

30000.00

**TOTALS** This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 12 OF 13

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : KML1203A

Glenn Grothman for Congress

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

GROTHMAN, GLENN, S, ,

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
PO BOX 1215

City

State

ZIP Code

FOND DU LAC

WI

54936

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

13800.00

0.00

13800.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 10 M /

D 30 D /

Y 2014 Y

M 12 M /

D 31 D /

Y 2016 Y

0.00 % (apr)

☐ Yes ☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

13800.00

**TOTALS** This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 13 OF 13

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : 102318A

Glenn Grothman for Congress

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

GROTHMAN, GLENN, S, ,

Election: 2018

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
PO BOX 1215

City

FOND DU LAC

State

WI

ZIP Code

54936

☒ Personal Funds of the Candidate

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 10 M /

D 16 D /

Y 2018 Y

M 12 M /

D 31 D /

Y 2028 Y

0.00 % (apr)

☐ Yes ☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

30000.00

**TOTALS** This Period (last page in this line only).....▶

139110.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.